

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007082

FILED
Jul 06, 2007
Secretary of State

Entity Name: DOUGLAS P. KEATING ASSOCIATES, LLC

Current Principal Place of Business:

837 5TH AVE. SOUTH SUITE 102
NAPLES, FL 34102

New Principal Place of Business:

837 5TH AVE. SOUTH
102
NAPLES, FL 34102

Current Mailing Address:

837 5TH AVE. SOUTH SUITE 102
NAPLES, FL 34102

New Mailing Address:

837 5TH AVE. SOUTH
102
NAPLES, FL 34102

FEI Number: 20-3978034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEATING, DOUGLAS P
837 5TH AVE. SOUTH SUITE 102
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KEATING JR, DOUGLAS P MR
837 5TH AVE. SOUTH
102
NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOUGLAS P KEATING JR

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEATING, DOUGLAS P
Address: 837 5TH AVE. SOUTH SUITE 102
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEATING JR, DOUGLAS P MR
Address: 837 5TH AVE. SOUTH SUITE 102
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS P KEATING JR

MGR

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date